



**SCHEDULE OF SERVICES
FOR COVERED EMPLOYEES OF
THE CITY OF DURHAM**

333 Six Forks Road
Raleigh,
North Carolina 27609
Telephone 919-832-
6015
1-800-662-8856

Group Number: 0316

Effective Date: 01/01/03

Dependent child(ren) to age 19

Full time students to age 25

A contract year is a twelve (12) month period beginning with the effective date of coverage

ELIGIBILITY PERIOD - Current employees are eligible on the effective date of the program. Future employees will become eligible on the first day of the month following employment.

COVERED BENEFITS

Payment for completed dental services will be made on the basis of Usual, Customary and Reasonable fees (UCR).

Diagnostic and Preventive	100% UCR
Oral Surgery	80% UCR
Restorative (Fillings)	80% UCR
Space Maintainers	80% UCR
Endodontics	50% UCR
Periodontics	50% UCR
Denture Repair	50% UCR
Crowns/Cast Restoration	50% UCR
Prosthodontics	50% UCR

DEDUCTIBLE: \$ 50.00 per person per calendar year.
 \$150.00 per family per calendar year.
 (Not applied to Diagnostic and Preventive)

MAXIMUM: \$ 3,000.00 per person per calendar year.

ELECTION OF DEPENDENT COVERAGE-All eligible dependents must be enrolled at the enrollment period or they must wait until the ***next open enrollment***. Additions can be made only in the event of a change in family status.

*****The employee is responsible for notifying the City and Delta of any changes in family status within thirty (30) days.*****

FOR YOUR COMPLETE UNDERSTANDING OF THIS DENTAL PROGRAM, PLEASE READ THE DESCRIPTION OF SERVICES (NOTING THE LIMITATIONS) AND THE EXCLUSIONS IN THE ACCOMPANYING EMPLOYEE HANDBOOK.

City reserves the right to change, modify, amend and/or terminate the benefits.

THE CITY OF DURHAM
ORTHODONTIC RIDER
EMPLOYEE AND DEPENDENTS

Group Number: 0316

Effective Date: 01/01/03

Eligibility Period: The first day of the month following six months of continuous employment.

COVERED BENEFITS

Orthodontics:	50% UCR
Maximum:	\$1,500.00 Lifetime maximum per patient

Orthodontic treatment will be set up on an automatic payment plan with payments being issued on a quarterly basis. Delta Dental Plan will pay 50% of the initial fee and 50% of the monthly charges until maximum is reached or patient terminates treatment.